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Bib Data Sheet

CONFIRMATION NO. 1760

SERIAL NUMBER 10/636,182	FILING DATE 08/07/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. AMS-161
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/401,934 08/07/2002

yes AG 3/30/06

** FOREIGN APPLICATIONS *****

none AG 3/30/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/06/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials 3/30/06		

ADDRESS

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TITLE

Drug delivery devices and methods

FILING FEE RECEIVED 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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